

No. <b>W 12709</b>		<b>Due no later than Aug 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  OPEN MRI OF POCATELLO, L.C. LARY S. LARSON PO BOX 51219 IDAHO FALLS ID 83405-1219 USA		LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83402	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	LARY S LARSON	PO BOX 51219	IDAHO FALLS	ID	USA 83405-1219
5. Organized Under the Laws of:  <b>ID W 12709</b>		6. Annual Report must be signed.* Signature: Lary Larson Date: 06/26/2012 Name (type or print): Lary Larson Title: Manager			
Processed 06/26/2012		* Electronically provided signatures are accepted as original signatures.			